

**PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT**

INDUSTRIAL <u>170-7676</u>			
8110	8115	8120	8205
DEC 23 2002			

**SECTION A**

- Company Name Imagine Screen Printing & Production LLC
- Permit Number if applicable: previous permit number 26010006
- Location: 90 Dayton Avenue, Building 7D, 4th Floor  
Passaic, NJ Zip Code: 07022
- Mailing Address 51 Saw Mill Pond Road  
Edison, NJ Zip Code: 08817
- Person to contact concerning information provided in this application:  
Name of Contact Official: Mark Fishbein  
Title: Plant Manager Phone No. 973-473-0706  
Address 90 Dayton Ave, Bldg 7D, Passaic NJ Zip code 07055
- Number of Employees – Full Time: 240 Part Time: \_\_\_\_\_  
Number of Work Days Per Year: 240  
Number of Shifts Per Day: 2
- If property is owned indicate block and lot number(s):  
na  
Assessed Value: \_\_\_\_\_ 19 \_\_\_\_\_
- If property is rented indicate name and address of owner:  
Helmsley Spear Properties, 90 Dayton Ave, Passaic, NJ 07055  
Total square feet rented: 16000
- List NJPDES Permit Number if applicable, NA and  
Name of receiving Body of Water entered NA

*NO changes in  
operation per mark Fishbein  
2/14/03  
Same*



**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer **X** - N  
 To the Combined Sewer **X** - N  
 To the Storm Sewer **X** - N  
 River or Ditch **X** - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
<b>N/A</b>			

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous 24 hrs  
 or intermittent \_\_\_\_\_ each operating day.

If the discharge is intermittent, it occurs between the following hours: na

17. Brief description of Manufacturing or other activity performed: \_\_\_\_\_

**Textile dyeing and finishing**

List SIC CODE #: 2269

18. Principal Raw Materials used: **Textiles print paste**

19. Principal Products or Services: **Textile silk screening**

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: none n/a

Does this facility shutdown for vacation(s)? no If so, is it basically the same time each year. na Provide dates usually shutdown \_\_\_\_\_

### SECTION D

#### MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet 1 none

Outlet \_\_\_\_\_

Outlet \_\_\_\_\_

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
<u>1</u>	<u>yes</u>	<u>composite</u>	<u>yes</u>
<u>2</u>	<u>no</u>	<u>na</u>	

**SECTION D (continued)**

## 23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
001	2000	no		
002	4750	no		

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

**Attached**

*Consolidated 4/17/03*  
*Michael P. B.*

**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. **001**

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
<del>0290*</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>XXXX</del>	1097*	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>XXXX</del>
0500	Total Solids	462	1002*	Arsenic (As)	<.008
0505	Volatile Solids	156.0	1022*	<del>Boron (B)</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>
0530	Total Suspended Solids	300	1027	Cadmium (Cd)	<.004
0540	Volatile Suspended Solids	176	1034*	Chromium Total (Cr)	<.005
0555	(1)(3) Petroleum Hydrocarbons	969	1042	Copper (Cu)	0.108
0310	Biochemical Oxygen Demand (BOD)	85	1045*	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>XXXX</del>
0340	Chemical Oxygen Demand (COD)	345	1051	Lead (Pb)	<.005
			0720*(3)	<del>XXXXXXXXXXXXXXXXXXXX</del>	<del>XXXX</del>
0680	Total Organic Carbon (TOC)	38.2	1900	Mercury (Report to 0.XXX)	<.0001
			1067	Nickel (Ni)	<.01
9000	pH(standard unit range)	7.43	1147*	<del>Selenium (Se)</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>
0610	(1) Ammonia as N	0.820	1077*	<del>Silver (Ag)</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>
0550	(1)(3) Total Oil & Grease	147	1102*	<del>Tin (Sn)</del>	<del>XXXXXXXXXXXXXXXXXXXX</del>
0745*	<del>1) Solids</del>	<del>XXXX</del>	1092	Zinc (Zn)	.0506
0507*	<del>(1) Ortho Phosphates as P</del>	<del>XXXX</del>	2730	Phenol	0.417
0625*	(1) Kjeldahl N as N	<1.0	4053*	<del>Pesticides (Report to 0.XXX)</del>	<del>XXXX</del>
9998*	<del>(3)(3) TFO (R)</del>	<del>--</del>	9999*(3)	<del>TEVQ (R)</del>	<del>XXXX</del>

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.  
 (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.  
 (.) See instructions.  
 (3) Grab sample required

Rev: 1/87  
 8/89  
 7/90  
 9/94  
 8/95  
 11/95  
 07/98



**SECTION E (continued)**

Samples collected by: Imagine Screen Printing & Production Date: 11/12/0:

Sample analyzed by: QC Laboratories Date: 11/12-11/2

Products being manufactured when sample was collected: Textile Dyeing & Finishing

27. Who performs the analyses of the samples for User Charge? QC Laboratories

28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Yes

29. Who performs the analyses of the samples for the Pretreatment Parameters?

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y ~~xxxx~~

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

**SECTION F****PRETREATMENT**

32. Industrial Category: 2269 5/23  
 Subpart (s): \_\_\_\_\_
33. Compliance date(s): N/A
34. Is facility in compliance? y If not, and if compliance date has passed, explain actions being taken to get into compliance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: 5/23/97
36. Compliance schedule submitted: n/a  
 If yes is facility on schedule? n/a Explain if compliance date will not be met: \_\_\_\_\_  
 \_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
 If yes, describe No
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
 If yes, describe No
39. Has this facility even been cited by NJDEP or EPA for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N No
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by NJDEP: \_\_\_\_\_  
 Is there any plan to discharge groundwater?  
No



**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: **Solomon Shalam**

Print Name

TITLE: **Member**

DATE

SIGNATURE

**\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:**

- > a. Principal Officer of Corporation**
- b. President or Owner of Company**
- c. General Partner if a Partnership**
- d. Plant Manager or Authorized Representative**

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene			x		2,4 dimethylphenol			x	
acrolein			x		2,4 dinitrotoluene			x	
acrylonitrile			x		2,6 dinitrotoluene			x	
benzene			x		1,2 diphenylhydrazine			x	
benzidine			x		ethylbenzene			x	
carbon tetrachloride (tetrachloromethane)			x		fluoranthene			x	
chlorobenzene			x		4-chlorophenyl phenyl ether			x	
1,2,4-trichlorobenzene			x		4-bromophenyl phenyl ether			x	
hexachlorobenzene			x		bis(2-chloroisopropyl) ether			x	
1,2 dichloroethane			x		bis(2-chloroethoxy) methane			x	
1,1,1 trichloroethane			x		methylene chloride(dichloromethane)			x	
hexachloroethane			x		methyl chloride (chloromethane)			x	
1,1,dichloroethane			x		methyl bromide (bromomethane)			x	
1,1,2 trichloroethane			x		bromoform(tribromomethane)			x	
1,1,2,2 tetrachloroethane			x		dichlorobromomethane			x	
chloroethane			x		trichlorofluoromethane			x	
bis(chloromethyl) ether			x		dichlorodifluoromethane			x	
Bis(2 chloroethyl) ether			x		chlorodibromomethane			x	
2-chloroethyl vinyl ether mixed			x		hexachlorobutadiene			x	
2-chloronaphthalene			x		hexachlorocyclopentadiene			x	
2,4,6. trichlorophenol			x		isophorone			x	
parachlorometa cresol			x		naphthalene			x	
Chloroform (trichloromethane)			x		nitrobenzene			x	
2 chlorophenol			x		2-nitrophenol			x	
1,2, dichlorobenzene			x		4-nitrophenol			x	
1,3, dichlorobenzene			x		2,4-dinitrophenol			x	
1,4, dichlorobenzene			x		4,6 dinitro-o cresol			x	
3,3, dichlorobenzidine			x		N-nitrosodimethylamine			x	
1,1,dichloroethylene			x		N-nitrosodiphenylamine			x	
1,2 trans-dichloroethylene			x		N-nitrosodi-n-propylamine			x	
2,4,dichlorophenol			x		pentachlorophenol			x	
1,2, dichloropropane			x		phenol		x		
1,3, dichloropropylene			x						
(1,3 dichlor propene)			x						

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate			x		endrin			x	
butylbenzylphthalate			x		endrin aldehyde			x	
di-n-butylphthalate			x		heptachlor			x	
di-n-octylphthalate			x		heptachlor (epoxide)			x	
diethylphthalate			x		BHC Alpha			x	
dimethylphthalate			x		BHC Beta			x	
benzo(a)anthracene			x		BHC Gamma			x	
benzo(a)pyrene			x		BHC Delta			x	
3,4 benzofluoranthene			x		PCB1242			x	
benzo(k) fluoranthene			x		PCB1254			x	
chrysene			x		PCB1221			x	
acenaphthylene			x		PCB1232			x	
anthracene			x		PCB1248			x	
benzo(ghi)perylene			x		PCB1260		x	x	
fluorene			x		PCB1016			x	
phenanthrene			x		toxaphene			x	
dibenzo (a,h) anthracene			x		antimony (total)			x	
indeno (1,2,3-c,d) pyrene			x		arsenic (total)			x	
pyrene			x		asbestos (fibrous)			x	
tetrachloroethylene			x		beryllium (total)			x	
toluene			x		cadmium (total)		x		
trichloroethylene			x		chromium (total)		x		
vinyl chloride			x		copper (total)		x		
aldrin			x		cyanide (total)			x	
dieldrin			x		lead (total)			x	
chlordane			x		mercury (total)			x	
4,4 DDT			x		nickel (total)		x		
4,4, DDE			x		selenium (total)			x	
4,4, DDD			x		silver (total)			x	
endosulfan I			x		thallium (total)			x	
endosulfan II			x		zinc (total)	x			
endosulfan sulfate			x		2,3,7,8, tetrachlorodibenzo			x	
					p-dioxin			x	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide			x		n,n-dimethyl aniline			x	
amitrole			x		3,3-dimethyl benzidine			x	
amyl alcohols			x		1,1-dimethylhydrazine			x	
aniline hydrochloride			x		dioxane			x	
anisole			x		diphenylamine			x	
auramine			x		ethylenimine			x	
benzotrichloride			x		hydrazine			x	
benzylamine			x		4,4-methylene bis (2-chloraniline)			x	
o-chloroaniline			x		4,4-methylenedianiline			x	
m-chloroaniline			x		methyl isobutyl ketone			x	
p-chloroaniline			x		alpha-naphthylamine			x	
1-chloro-2-nitrobenzene			x		beta-naphthylamine			x	
1-chloro-4-nitrobenzene			x		n-methylaniline			x	
chloroprene			x		1,2- phenylenediamine			x	
chrysoidine			x		1,3- phenylenediamine			x	
cumene			x		1,4-phenylenediamine			x	
2,3-dichloroaniline			x		sudan I (solvent yellow 14)			x	
2,4-dichloroaniline			x		thiourea			x	
2,5-dichloroaniline			x		toluene sulfonic acids			x	
3,4-dichloroaniline			x		toluidines			x	
3,5-dichloroaniline			x		xylidines			x	
1,3-dichloropropene			x						
1,3-dimethoxybenzidine			x						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde			X		isopropanolamine			X	
allyl alcohol			X		kelthane			X	
allyl chloride			X		kepone			X	X
amyl acetate			X		malathion			X	
aniline			X		mercaptodimethur			X	
benzonitrile			X		methoxychlor			X	
benzyl chloride			X		methyl mercaptan			X	
butyl acetate			X		methyl methacrylate			X	
butylamine			X		methyl parathion			X	
captan			X		mevinphos			X	
carbaryl			X		mexacarbate			X	
carbofuran			X		monoethylamine			X	
carbon disulfide			X		monomethylamine			X	
chlorpyrifos			X		naled			X	
coumaphos			X		napthenic acid			X	
cresol			X		nitrotoluene			X	
crotonaldehyde			X		parathion			X	
cyclohexane			X		phenolsulfanate			X	
2,4-D (2,4-dichlorophenoxy)			X		phosgene			X	
acetic acid			X		propagrite			X	
diazinon			X		propylene oxide			X	
dicamba			X		pyrethrins			X	
dichlobenil			X		quinoline			X	
dichlone			X		resorcinol			X	
2,2-dichloropropionic acid			X		strontium			X	
dichlorvos			X		strychnine			X	
diethylamine			X		stryrene			X	
dimethylamine			X		2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)			X	
dinitrobenzene			X		TDE (tetrachloro- diphenylethane)			X	
diquat			X		2,4,5-TP 2(2,4,5- trichlorophenoxy			X	
disulfoton			X		trichlorofon			X	
diuron			X		triethylamine			X	
epichlorohydrin			X		trimethylamine			X	
					propanoic acid			X	

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine			<input checked="" type="checkbox"/>		uranium			<input checked="" type="checkbox"/>	
ethion			<input checked="" type="checkbox"/>		vanadium			<input checked="" type="checkbox"/>	
ethylene diamine			<input checked="" type="checkbox"/>		vinyl acetate			<input checked="" type="checkbox"/>	
ethylene dibromide			<input checked="" type="checkbox"/>		xylene			<input checked="" type="checkbox"/>	
formaldehyde			<input checked="" type="checkbox"/>		xlenol			<input checked="" type="checkbox"/>	
furfural			<input checked="" type="checkbox"/>		zirconium			<input checked="" type="checkbox"/>	
guthion			<input checked="" type="checkbox"/>						
isoprene			<input checked="" type="checkbox"/>						

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

## SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

### SECTION ONE

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

**Imagine Screen Printing & Production**

\_\_\_\_\_  
Name of Applicant

**TRADE NAME:** Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

**NA**

\_\_\_\_\_  
Trade Name/Fictitious Name

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |  |   |
|--|---|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Trust                                |
| <input type="checkbox"/> Partnership         | <input type="checkbox"/> Joint Venture                        |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation               |
| <input type="checkbox"/> Corporation         | <input checked="" type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe)    |   |

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Mark Fishbein

Street Address: 90 Dayton Ave, Bldg 7D, 4th Fl

City, State & Zip Code: Passaic, NJ 07055

Business Telephone: 1-973-472-0706

Emergency Telephone: Same



**SECTION TWO**

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporations's Registered Agent:

Name: N/A

Company Name:

Street Address:

City, State & Zip Code:

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: NJ

Date: 2000

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date:

**SECTION THREE**

(To be completed only by Partnerships or Joint Ventures)

**FORM OF PARTNERSHIP:** Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name:

Street Address:

City, State & Zip Code:

Name:

Street Address:

City, State & Zip Code:

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

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### CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment,

Dated: \_\_\_\_\_

12/70/02

  
Signature

**Solomon Shalam , Member**

Print Title & Position

CHAIN OF CUSTODY				Lab LIMS No:		MATRIX CODES	
1205 Industrial Blvd. Southampton, PA 18966-0514 <b>QC Laboratories</b> Phone: 215-355-3900 Fax: 215-355-7231				Page <u>1</u> of <u>1</u> Bill to report to: (if different)		DW: DRINKING WATER GW: GROUND WATER WW: WASTEWATER SD: SOIL SL: SLUDGE OL: OIL SOL: NON SOIL SOLID MI: MISCELLANEOUS X: OTHER	
Client/Account No.: Address: <u>Enterprise</u> City/State/Zip: Phone/Fax: Client Contact: <u>Singh</u> P.O. No.: QC Contact:				Sampling Site Address: (if different) Date: <u>11/2</u> Military Time: <u>1330</u> Collection: <u>1</u> Total: <u>3</u> Matrix Code: <u>NW3</u>		ANALYSIS REQUESTED <u>BOD, TSS, Cd, Cu, Hg, Ni, Pb, Zn</u> <u>NH4, 1961, pH, 1961, 1961, 1961</u>	
PROJECT: <u>FIELD</u> <u>Effluent Discharge</u>				Verbal/fax date due: <u>11/2</u> Hardcopy due: <u>11/2</u> Please call for pricing and availability on rush (+14-21 day turnaround and on all but standard format)		Report Format: <input type="checkbox"/> Standard <input type="checkbox"/> Forms <input type="checkbox"/> Standard + QC <input type="checkbox"/> NJ Reduced <input type="checkbox"/> Data	
SAMPLED BY: (Name/Company) <u>At Test</u> <u>TOB</u>				Field Parameters Analyzed By: Date/Time:		Signature:	
SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 0000 IS 0000, 4 PM IS 1600)							
RELINQUISHED BY SAMPLER		DATE	TIME	RECEIVED BY	DATE	TIME	DELIVERY METHOD: <input type="checkbox"/> QC COURIER <input type="checkbox"/> CLIENT
1. <u>[Signature]</u>		<u>11/2</u>	<u>1330</u>	2. <u>[Signature]</u>	<u>11/2</u>	<u>1330</u>	<input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER
RELINQUISHED BY		DATE	TIME	RECEIVED BY	DATE	TIME	COMMENTS:
2. <u>[Signature]</u>				3. <u>[Signature]</u>			
RELINQUISHED BY		DATE	TIME	RECEIVED BY	DATE	TIME	
3. <u>[Signature]</u>				4. <u>[Signature]</u>			
RELINQUISHED BY		DATE	TIME	RECEIVED BY	DATE	TIME	
4. <u>[Signature]</u>				5. <u>[Signature]</u>			
RELINQUISHED BY		DATE	TIME	RECEIVED BY	DATE	TIME	
5. <u>[Signature]</u>							
Hazardous: yes / no							

For example to aid completion, see reverse side.



# Analytical Results

11/27/02 01:12pm

MARK FISHBEIN  
IMAGINE SCREEN PLACE  
90 DAYTON AVENUE  
BUILDING 7D, 4TH FLOOR  
PASSAIC, NJ 07055

Regarding:

MARK FISHBEIN  
IMAGINE SCREEN PLACE  
90 DAYTON AVENUE  
BUILDING 7D, 4TH FLOOR  
PASSAIC, NJ 07055

Account No: AW0061, IMAGINE SCREEN PLACE CENTRAL MILLS  
Project No: AW0061, IMAGINE SCREEN PLACE CENTRAL MILLS

P.O. No:  
PWSID No:

Inv. No: 472898

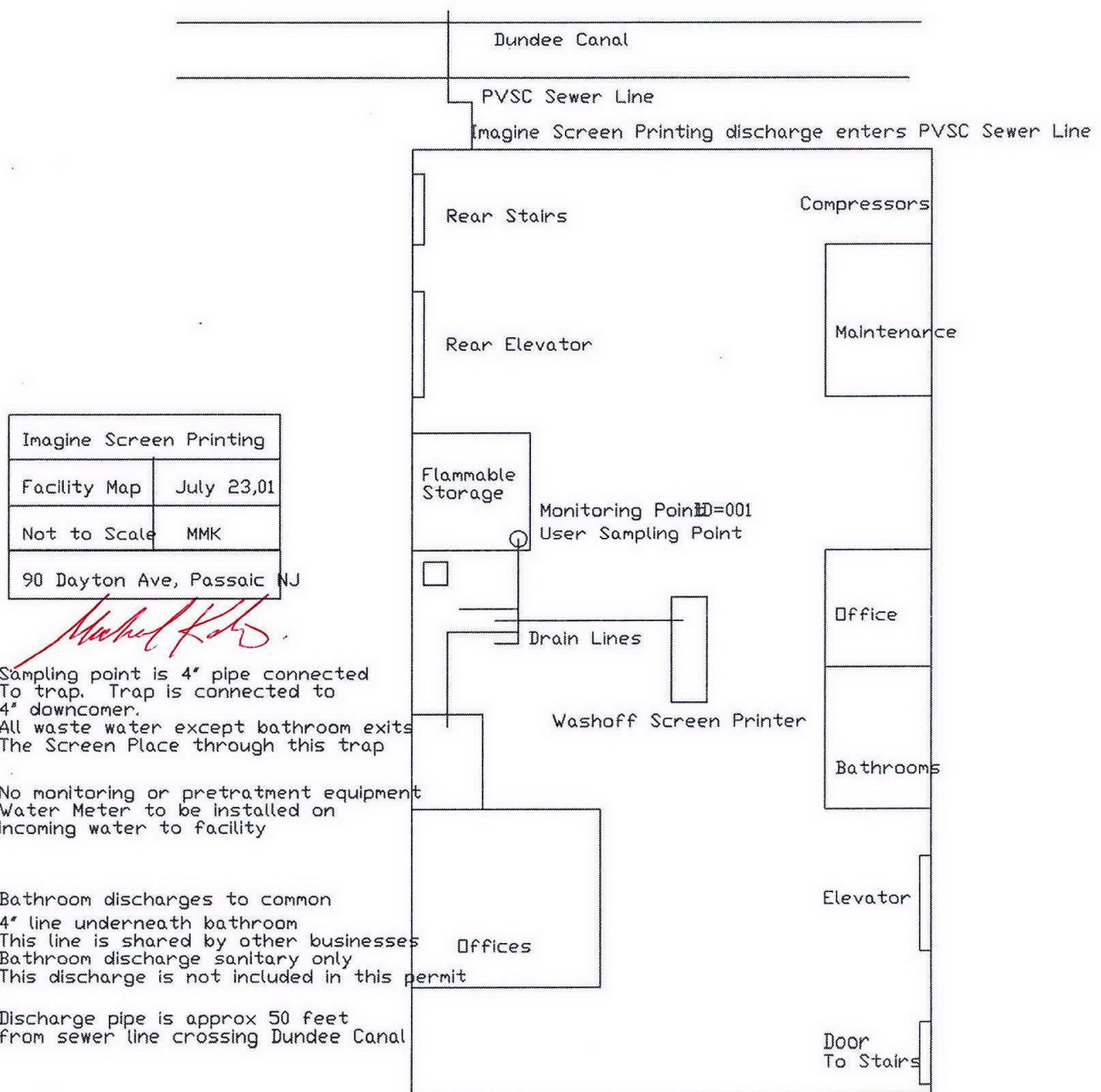
Sample Number L954666-1  
Sample Description EFFLUENT DISCHARGE COMPOSITE  
Received Temp: 38°F Iced (Y/N): Y

Samp. Date/Time/Temp 11/12/02 10:00am NA°F  
Sampled by John G. Baker, QC Laborato

Parameter	Method	Result	RLs	Test Date, Time, Analy
ARSENIC	EPA 600 Method 200.7	ND mg/l	0.00900 mg/l	11/21/02 01:21PM GJH
CADMIUM	EPA 600 Method 200.7	ND mg/l	0.00400 mg/l	11/21/02 01:21PM GJH
CHROMIUM	EPA 600 Method 200.7	ND mg/l	0.00500 mg/l	11/21/02 01:21PM GJH
COPPER	EPA 600 Method 200.7	0.108 mg/l	0.00300 mg/l	11/21/02 01:21PM GJH
NICKEL	EPA 600 Method 200.7	ND mg/l	0.0100 mg/l	11/21/02 01:21PM GJH
LEAD	EPA 600 Method 200.7	ND mg/l	0.00500 mg/l	11/21/02 01:21PM GJH
ZINC	EPA 600 Method 200.7	0.0506 mg/l	0.00500 mg/l	11/21/02 01:21PM GJH
MERCURY	EPA 600 Method 245.1	ND mg/l	0.000100 mg/l	11/19/02 01:58PM JAD
BIOCHEMICAL OXYGEN DEMAND	STD Methods 18th Ed. 5210B	85.0 mg/l	42.0 mg/l	11/13/02 03:00PM LS
CHEMICAL OXYGEN DEMAND	HACH METHOD 8000	345. mg/l	10.0 mg/l	11/19/02 09:00AM CWM
KJELDAHL NITROGEN	EPA 600 Method 351.2	ND mg/l	1.00 mg/l	11/15/02 10:00AM CWM
AMMONIA NITROGEN AS N	STD Methods 18th Ed. 4500-	0.820 mg/l	0.200 mg/l	11/22/02 03:00PM BP
OIL & GREASE	EPA Method 413.1	147. mg/l	4.00 mg/l	11/21/02 07:00AM JG
PETROLEUM HYDROCARBONS	EPA 600 Method 418.1	969. mg/l	5.70 mg/l	11/14/02 12:00PM MP
PHENOL	EPA 600 Method 420.1	0.417 mg/l	0.0500 mg/l	11/25/02 10:00AM MTF
TOTAL ORGANIC CARBON	EPA 600 Method 415.1	38.2 mg/l	10.0 mg/l	11/15/02 06:00AM EJS
TOTAL SOLIDS	STD Methods 18th Ed. 2540B	462. mg/l	10.0 mg/l	11/15/02 02:30AM TS
TOTAL SUSPENDED SOLIDS	Standard Methods 2540D	300. mg/l	2.00 mg/l	11/15/02 09:15AM PBP
TOTAL SUSPENDED VOLATILE RESIDUE	Standard Methods 2540D	176. mg/l	2.00 mg/l	11/15/02 09:15AM PBP
TOTAL VOLATILE RESIDUE	STD Methods 18th Ed. 2540B	156. mg/l	10.0 mg/l	11/15/02 02:30AM TS
PH FIELD	EPA 600 Method 150.1	7.43 units	0.10 units	11/12/02 10:00AM JGB

A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.  
Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory accident  
TNTC=too numerous to count  
A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.  
All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.  
The test pH lab is analyzed upon receipt at the laboratory, the result may not be suitable for regulatory purposes.  
Actual times of analysis for parameters reported <30 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.  
QC Inc's laboratory certification ID's are: Southampton (NELAP) PADER 09-131, NJDEP PA166. NON-NELAP labs: Wind Gap-NJ PA001, Alltest-NJ 02015, Vineland-NJ 06005; PA 68-580.  
All samples are collected as "grab" samples unless otherwise identified.

*Allen D. Schopbach*  
Allen D. Schopbach, President





**MMK Inc.**  
6 Kings Gate Road  
Suffern, NY 10901-3111

Phone : 1-845-369-7808  
Fax : 1-978-336-0575  
e-mail : [MMK@MMK-INC.COM](mailto:MMK@MMK-INC.COM)

INDUSTRIAL <u>120-162</u>			
8110	8115	8120	8205
JAN 21 2003			

January 17, 2003

Mark Picinich  
Industrial  
PVSC  
600 Wilson Ave  
Newark, NJ 07105

Ref: Imagine Screen Printing & Production LLC  
Sewer Permit Application

Dear Mr. Picinich,

As we discussed the other day, attached, please find a plot plan for Imagine Screen Printing along with a revised page 5 of the application.

I have faxed a copy of this to your office at 973-344-2951 and sent the originals by mail.

Should you have any questions or comments, please contact me at the numbers above at your earliest convenience.

Sincerely,

Michael M. Katz  
President MMK Inc.  
Consultant to Imagine Screen Printing & Production, LLC

**Imagine Screen Printing & Production**  
**51 Saw Mill Pond Road**  
**EDISON, NJ 08817**

December 4, 2002

Passaic Valley Sewerage Commission  
600 Wilson Avenue  
Newark, NJ 07105

re: Sewer Connection Application

Dear Commissioners,

Attached please find the Sewer Connection Application for Imagine Screen Printing & Production, LLC., along with a check for \$750. Our current permit number is 262 100 06-1.

INDUSTRIAL	120-2676		
8110	8115	8120	8205
DEC 23 2002			

Sincerely,



Solomon Shalam  
Member



**SECTION D (continued)****23. Volume Information:**

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
001	30,000	no		
002	130,000	no		

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing:

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

**Attached**

IRENE G. ALMEIDA  
CHAIRMAN

JAMES KRONE  
VICE CHAIRMAN

DANIEL F. BECHT, ESQ.  
FRANK J. CALANDRIELLO  
DOMINIC W. CUCCINELLO  
PETER A. MURPHY  
ANGELINA M. PASERCHIA  
THOMAS J. POWELL  
DONALD TUCKER  
COMMISSIONERS



Passaic Valley  
Sewerage Commissioners

600 WILSON AVENUE  
NEWARK, N.J. 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

ROBERT J. DAVENPORT  
EXECUTIVE DIRECTOR

PETER G. SHERIDAN  
CHIEF COUNSEL

LOUIS LANZILLO  
CLERK

Industrial Fax: (973) 344-4876

RECEIPT FOR

APPLICATION FEE

PERMIT FEE

Received from: IMAGINE SCREEN PRINTING & PRODUCTION

Address: 90 DAYTON AVE, PASSAIC 07022

Amount of Payment: 750.00

Date of Payment 12-23-02

Payment Received by: A.D.

Signature: Angela DiCostanzo

Amount: 750.00 Date: 12/27/02

# PASSAIC VALLEY SEWERAGE COMMISSIONERS APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL	170-7676
8110	8115 8120 8205
DEC 23 2002	

## SECTION A

1. Company Name Imagine Screen Printing & Production LLC
2. Permit Number if applicable: previous permit number 26010006
3. Location: 90 Dayton Avenue, Building 7D, 4th Floor  
Passaic, NJ Zip Code: 07022
4. Mailing Address 51 Saw Mill Pond Road  
Edison, NJ Zip Code: 08817
5. Person to contact concerning information provided in this application:

IMAGINE SCREEN PRINTING & PRODUCTION LLC  
51 SAW MILL POND ROAD  
EDISON, NEW JERSEY 08817

HSBC BANK USA  
1-108/210

6114

006114

PAY

\*SEVEN HUNDRED FIFTY DOLLARS AND NO CENTS

DATE

AMOUNT

12/20/02

\*\*\*\*\*750.00\*

TO THE  
ORDER  
OF:

PASSAIC VALLEY SEWERAGE COMMIS  
600 WILSON AVENUE

NEWARK  
PAS0710

NJ 07105

*[Signature]*  
AUTHORIZED SIGNATURE

⑈006114⑈ ⑆021001088⑆ 610111698⑈

IMAGINE SCREEN PRINTING & PRODUCTION LLC

12/20/02 122002 262 100 06-1

750.00

.00

750.00

INDUSTRIAL	170-7676
8110	8115 8120 8205
DEC 23 2002	

CHECK: 006114 12/20/02 PASSAIC VALLEY SEWERAGE COMMIS

CHK TOTAL: 750.00